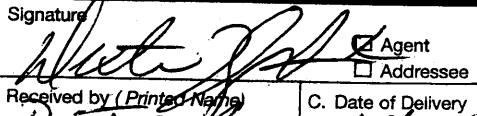


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>D. Tossell</u></p> <p>C. Date of Delivery <u>4 May 06</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><u>Capt Christopher Lovemylo CV325</u> <u>US Army Recruitings</u> <u>Bldg. 1510, 3rd F</u> <u>Marine ACB</u> <u>Gunter Annex AF 36114</u></p>	
1. Article Addressed to:	<p><u>Capt Christopher Lovemylo CV325</u> <u>US Army Recruitings</u> <u>Bldg. 1510, 3rd F</u> <u>Marine ACB</u> <u>Gunter Annex AF 36114</u></p>		
2. Article Number (Transfer from service label)	<p>7005 1820 0002 3461 3141</p>		
3. Service Type		<input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540